

48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Billy Long for Congress																																																
ADDRESS (number and street) 3246 E Ridgeview Street																																																
CITY, STATE, and ZIP CODE Springfield MO 65804-4076																																																
2. NAME OF CANDIDATE Mr. Billy Long		3. OFFICE SOUGHT (State and District)																																														
4. FEC IDENTIFICATION NUMBER C00460063																																																
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____																																																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%;">A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 15%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="padding: 5px;"> AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 25 Massachusetts Avenue NW Suite 600 Washington DC 20001-7400 </td> <td style="padding: 5px;">Transaction ID : 626998069F428468E8</td> <td rowspan="2" style="padding: 5px;">10/21/2014</td> <td rowspan="2" style="padding: 5px;">2000.00</td> </tr> <tr> <td style="padding: 5px;">Occupation</td> </tr> <tr> <th style="padding: 5px;">B. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="padding: 5px;">Name of Employer</th> <th style="padding: 5px;">Date (month, day, year)</th> <th style="padding: 5px;">Amount</th> </tr> <tr> <td rowspan="2" style="padding: 5px;"> NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM 2901 Telestar Court Falls Church VA 22042-1260 </td> <td style="padding: 5px;">Transaction ID : 6C2173693CDB340B/</td> <td rowspan="2" style="padding: 5px;">10/21/2014</td> <td rowspan="2" style="padding: 5px;">2000.00</td> </tr> <tr> <td style="padding: 5px;">Occupation</td> </tr> <tr> <th style="padding: 5px;">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="padding: 5px;">Name of Employer</th> <th style="padding: 5px;">Date (month, day, year)</th> <th style="padding: 5px;">Amount</th> </tr> <tr> <td rowspan="2" style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td rowspan="2" style="padding: 5px;"></td> <td rowspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Occupation</td> </tr> <tr> <th style="padding: 5px;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="padding: 5px;">Name of Employer</th> <th style="padding: 5px;">Date (month, day, year)</th> <th style="padding: 5px;">Amount</th> </tr> <tr> <td rowspan="2" style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td rowspan="2" style="padding: 5px;"></td> <td rowspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Occupation</td> </tr> <tr> <th style="padding: 5px;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="padding: 5px;">Name of Employer</th> <th style="padding: 5px;">Date (month, day, year)</th> <th style="padding: 5px;">Amount</th> </tr> <tr> <td rowspan="2" style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td rowspan="2" style="padding: 5px;"></td> <td rowspan="2" style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Occupation</td> </tr> </table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE 25 Massachusetts Avenue NW Suite 600 Washington DC 20001-7400	Transaction ID : 626998069F428468E8	10/21/2014	2000.00	Occupation	B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM 2901 Telestar Court Falls Church VA 22042-1260	Transaction ID : 6C2173693CDB340B/	10/21/2014	2000.00	Occupation	C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation	D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation	E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation
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SIGNATURE (optional) Ronald Neville <div style="text-align: right;">[Electronically Filed]</div>		DATE 10/22/2014																																														
For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																																

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Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

FEC FORM 6

(Revised 07/2011)